

## **TERMS OF REFERENCE (TOR)**

### **Consultancy to support development and roll-out of a minimum care package for critically ill hospitalized patients**

#### **Background and Rationale**

High mortality among hospitalized patients remains a major public health concern in Uganda. National mortality surveillance data indicates that approximately one-third of all deaths occur at health facility level, while the 2024/2025 Annual Health Sub-Programme Performance Report shows that over 75% of facility-based deaths occur in General Hospitals (30.5%), Regional Referral Hospitals (30%), and National Referral Hospitals (15.6%)<sup>1 2</sup>.

The leading causes of mortality in Uganda include neonatal conditions, pneumonia, malaria, injuries, hypertension, anaemia, stroke/cerebrovascular accident (CVA), diabetes mellitus, septicaemia, and tuberculosis (TB)<sup>2</sup>. Studies from tertiary hospitals have similarly demonstrated a high burden of severe communicable and non-communicable diseases among hospitalized patients. For example, a four-year retrospective review of medical inpatients at Mulago National Referral Hospital identified HIV/AIDS, hypertension, tuberculosis, non-TB pneumonia, and heart failure among the leading causes of admission and mortality<sup>3</sup>. These findings highlight the complex disease burden faced by hospitals and the need for integrated approaches to the management of critically ill patients. Annual mortality trends among hospitalized TB patients, particularly those co-infected with HIV, continue to show substantial mortality across national, regional, and general hospitals, further underscoring the need for strengthened approaches to the management of critical illness.

Despite improvements in clinical service delivery, mortality among critically ill hospitalized patients remains unacceptably high. Many deaths occur within the first few days of admission, often before adequate clinical assessment, risk stratification, stabilization, monitoring, and escalation of care can be implemented. Key gaps include inconsistent monitoring of vital parameters and use of standardized triage and prognostic tools, limited early warning systems, weak mortality review mechanisms, inadequate follow-up of quality improvement actions, and the absence of integrated clinical guidance for managing critically ill patients with multiple co-existing conditions. Common conditions associated with high inpatient mortality include severe infections and sepsis, advanced HIV disease, tuberculosis, pneumonia, severe malaria, diabetes mellitus, hypertension, cardiovascular diseases, stroke, severe acute malnutrition, and trauma.

Given the persistently high mortality among hospitalized patients with tuberculosis, particularly those with advanced disease and HIV co-infection, the National TB and Leprosy Programme (NTLP) has identified the need to strengthen the management of critically ill patients as part of broader efforts to reduce preventable inpatient deaths. A standardized Minimum Care Package is therefore needed to guide the identification, assessment, stabilization, monitoring, referral, and management of critically ill patients presenting with conditions causing high-mortality/morbidity including Tuberculosis. The department therefore seeks the services of a qualified consultant to support the development and roll-out of an evidence-based Minimum Care Package, including standard operating procedures, clinical tools, training resources and an in-service curriculum to improve the quality of care and outcomes for critically ill hospitalized patients.

1. Zalwango MG, Kyozira C, Nambuya M, Bulamu M, Muruta A. A rapid assessment of mortality surveillance in Uganda. *PLoS Global Public Health*. 2025 Jul 15;5(7):e0003722.

2. The Uganda annual health sub-programme performance report, FY 2024/25

3. Kalyesubula R, Mutyaba I, Rabin T, Andia-Biraro I, Alupo P, Kimuli I, Nabirye S, Kagimu M, Mayanja-Kizza H, Rastegar A, Kanya MR. Trends of admissions and case fatality rates among medical in-patients at a tertiary hospital in Uganda; A four-year retrospective study. *PLoS one*. 2019 May 14;14(5):e0216060.

## 2. Overall Objective

To support the Ministry of Health in developing and facilitating the roll-out of a standardized, evidence-based Minimum Care Package for critically ill hospitalized patients, including those with tuberculosis and other high-mortality conditions, in order to strengthen early identification, clinical management, monitoring, referral, and quality of care, and ultimately reduce preventable inpatient mortality.

## 3. Specific Objectives

The consultancy will:

- 1) Review and synthesize Uganda-specific and global evidence on inpatient mortality among critically ill hospitalized patients, including those with tuberculosis, HIV/AIDS, severe infections, sepsis, malaria, non-communicable diseases, and other high-mortality conditions, and identify effective interventions for improving survival outcomes.
- 2) Assess and present the epidemiology, mortality burden, predictors of poor outcomes, risk stratification approaches, and modifiable drivers of inpatient mortality among critically ill hospitalized patients in Uganda and comparable settings.
- 3) Facilitate stakeholder consultations and technical consensus-building to define a standardized Minimum Care Package for critically ill hospitalized patients, including those with tuberculosis and other common high-mortality conditions.
- 4) Develop standardized clinical guidance, including Standard Operating Procedures (SOPs), clinical algorithms, monitoring tools, job aids, and documentation tools for the assessment, stabilization, monitoring, referral, and management of critically ill hospitalized patients not forgetting advanced TB and HIV management.
- 5) Develop guidance and tools for early identification and triage of critically ill patients, risk stratification, mortality surveillance and reviews, referral and escalation of care, and the application of Continuous Quality Improvement (CQI) approaches to reduce preventable inpatient mortality.
- 6) Develop, validate, and coordinate dissemination of training materials to support implementation of the Minimum Care Package and facilitate a national Training of Trainers (ToT) for health workers from National and Regional Referral Hospitals and other designated facilities.
- 7) Provide technical oversight and support for the phased roll-out of the Minimum Care Package, SOPs, and related clinical tools at national and regional levels, including monitoring implementation and documenting lessons learned for scale-up.

## 4. Scope of Work

The consultant shall undertake the following activities:

### A. Evidence Review and Situation Analysis

The consultant will:

- Review relevant national policies, guidelines, strategic plans, and programmatic documents related to inpatient care, critical care services, tuberculosis, HIV, and other priority causes of inpatient mortality.
- Review global, regional, and Uganda-specific evidence on inpatient mortality among critically ill patients, including tuberculosis, HIV/AIDS, severe infections, sepsis, malaria, non-communicable diseases, and other high-mortality conditions, as well as evidence on effective mortality reduction interventions.
- Review available Uganda data on inpatient mortality, including TB mortality, severe TB disease, advanced TB/HIV co-infection, and outcomes among critically ill hospitalized patients across major hospitals.
- Identify evidence-based interventions suitable for implementation in resource-limited inpatient and high-dependency care settings to improve survival among critically ill patients.
- Review existing models of high-dependency and critical care delivery, including TB-related inpatient care models, mortality reduction initiatives, and integrated approaches used in comparable low- and middle-income settings.
- Conduct a baseline assessment of hospital readiness and critical care capacity across all levels of healthcare in Uganda, including the availability of essential equipment, human resources, infrastructure, systems, and other factors that influence the quality of care and clinical outcomes of critically ill patients.

## **B. Technical Presentation and Stakeholder Consultation**

The consultant will prepare and deliver a comprehensive technical presentation during a national stakeholder consultation meeting covering:

- Burden and trends of inpatient mortality among critically ill patients, including tuberculosis, HIV/AIDS, severe infections, sepsis, malaria, non-communicable diseases, and other major causes of inpatient mortality.
- Burden and outcomes of advanced TB/HIV co-infection within inpatient settings.
- Predictors and determinants of mortality among critically ill hospitalized patients.
- Risk stratification approaches, early warning systems, and clinical deterioration detection tools.
- Triage and admission criteria for critically ill patients requiring high-dependency or critical care.
- Respiratory support, oxygen therapy, and basic critical care interventions.
- Recognition and management of sepsis, shock, and other acute life-threatening conditions.
- Management of advanced TB/HIV co-infection and other common comorbidities in hospitalized patients.
- Screening, prevention, and management of opportunistic infections.
- Nutritional assessment and management of severe acute malnutrition and wasting in critically ill patients.
- Management of TB-related complications and other common comorbidities in hospitalized patients.
- Monitoring, escalation of care pathways, and referral systems within inpatient and HDU settings.
- Mortality surveillance, clinical audits, and continuous quality improvement interventions to reduce preventable deaths.

- Lessons learned from comparable country experiences in strengthening inpatient critical care and high-dependency services.
- Current situation in provision of critical care services in Uganda (Critical care gaps)

The consultant will facilitate structured stakeholder discussions aimed at reaching consensus on a standardized Minimum Care Package for critically ill hospitalized patients, including those with tuberculosis and other high-mortality conditions.

## **C. Development of the Minimum Care Package and SOPs**

Based on stakeholder recommendations and evidence review, the consultant will develop a comprehensive package including:

### **Clinical Care Package**

- Admission criteria for high-dependency and critical care units for critically ill patients, including those with tuberculosis and other high-mortality conditions.
- Triage and risk stratification procedures for early identification of clinical deterioration.
- Immediate stabilization protocols for critically ill patients.
- Diagnostic assessment and essential investigations for critically ill hospitalized patients.
- TB treatment initiation, optimization, and continuation in critically ill patients.
- Management of advanced TB/HIV co-infection in inpatient and high-dependency settings.
- Screening, prevention, and management of opportunistic infections.
- Oxygen therapy and respiratory support protocols for patients with respiratory compromise.
- Recognition and management of sepsis, septic shock, and other acute life-threatening conditions.
- Nutritional assessment and support, including management of severe acute malnutrition and wasting.
- Management of TB-related complications and other common comorbidities in critically ill patients.
- Infection prevention and control measures in high-dependency and inpatient settings.
- Referral and escalation criteria between wards, HDUs, and higher levels of care.
- Discharge planning, discharge criteria, and post-discharge follow-up requirements for critically ill patients.
- Airway management and mechanical ventilation.
- Hemodynamic monitoring and shock management.
- Renal support and acute kidney injury management.
- Neurological assessment and critical care.
- Pain, sedation, and palliative care.
- Cardiovascular emergency management.
- Resuscitation and post-resuscitation care.
- Blood and Transfusion Services
- Monitoring and Early Warning Systems
- Laboratory and Diagnostic Support for critically ill patients
- Quality Improvement and Patient Safety
- Rehabilitation and Functional Recovery

## Operational Package

- Staffing requirements and responsibilities.
- Essential equipment and supplies.
- Monitoring and documentation tools.
- Clinical monitoring charts.
- Quality assurance indicators.
- Mortality review and audit procedures.
- Data collection and reporting requirements.

## D. Development of Training Materials

The consultant will develop:

- Training slide deck.
- Job aids and quick reference guides.
- Case studies and practical exercises.
- Monitoring and mentorship tools.
- In-service curriculum

## E. Training of Trainers

The consultant will facilitate a national Training of Trainers for clinicians, nurses, program managers, and implementing partners who will support cascade implementation and mentorship.

## 5. Expected Deliverables

- Inception Report: An inception report detailing methodology, workplan, timelines, stakeholder engagement approach, and deliverables.
- Technical Presentation
- Stakeholder Consultation Report: Key discussions, consensus recommendations, and agreed components of the Minimum Care Package.
- Draft Minimum Care Package and SOPs: Clinical protocols, operational guidance, monitoring and mortality audit tools, and referral pathways in the form of a desk job aid and booklet.
- Validation of Draft Package and Finalized Minimum Care Package: A revised package incorporating NTLP and stakeholder feedback.
- Training Materials: Training slides and agenda.
- National Training of Trainers (ToT) and ToT Report.
- Final Consultancy Report: A comprehensive report summarizing activities undertaken, outputs delivered, lessons learned, and recommendations.

## 6. Duration of Assignment

The assignment is expected to be completed by 31<sup>st</sup> July 2026.

Activity	30 Jun–4 Jul	7–11 Jul	14–18 Jul	21–25 Jul	28 Jul–1 Aug	4–8 Aug
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Inception and evidence review (3 days)	■					
Drafting minimum care package and SOPs (7 days)		■	■			
Review and revisions with stakeholders			■			
Development and approval of training materials (4 days)				■		
NTLP Review and approval of training materials				■		
National Training of Trainers (3 days)					■	
Final report preparation and submission (3 days)						■

## 7. Consultant Qualifications and Experience

The consultant should possess

- A primary degree in Medicine and Surgery from a recognized institution.
- Postgraduate qualification in any of the following: Internal Medicine, Infectious Diseases, Emergency Medicine, Anesthesia and Critical care, or related clinical specialty.
- Additional training or experience in Pulmonology or Critical Care Medicine is an added advantage.
- At least five (5) years of clinical and programmatic experience in critical care or tuberculosis care or other priority disease programmes.
- Demonstrated expertise in the inpatient management of critically ill patients in high-dependency or critical care settings.
- Demonstrated experience in the management of severe acute illnesses and complex comorbidities, including sepsis, HIV/AIDS, and other high-mortality conditions.
- Experience in the development of national clinical guidelines, standard operating procedures, training packages, or quality improvement and mortality reduction initiatives.
- Experience supporting national-level health programmes in low- and middle-income countries.
- Experience facilitating national technical consultations, multidisciplinary engagement, and stakeholder consensus-building processes.
- Strong skills in technical writing, clinical training, facilitation, and stakeholder engagement.
- Evidence of scientific publications or prior work in critical care or inpatient mortality reduction

## 8. Reporting and Supervision

The consultant will report directly to the National TB and Leprosy Programme (NTLP) and work closely with relevant Ministry of Health departments, HIV programme representatives, implementing partners, clinicians, and other stakeholders designated by NTLP. All deliverables shall be reviewed and approved by NTLP prior to final acceptance.

## 9. Payment Schedule

Payment shall be linked to satisfactory completion and approval of deliverables as follows:

<b>Milestone</b>	<b>Payment</b>
Contract signing and approval of inception report	40%
Submission of draft minimum care package, SOPs, and training materials	30%
Submission of final approved package, completion of Training of Trainers, and final report	30%

## 10. Application Requirements

Interested consultants shall submit:

- Technical proposal outlining understanding of the assignment and proposed methodology.
- Financial proposal indicating a breakdown and total consultancy cost.
- Detailed curriculum vitae.
- Copies of academic and professional qualifications.
- Evidence of similar assignments conducted within the last five years.
- Contact details of at least two professional referees.